

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045186

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11599

STATE FILE NUMBER

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| VS 300 Rev. 4/59 | DATE AMENDED |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | c. CITY OR TOWN Jennings | |
| Length of stay in 1b 18 days | | d. STREET ADDRESS (If outside, give location) 2833 Glendale | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ROY V BARDWELL | | 4. DATE OF DEATH Month Day Year November 22 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/6/1907 |
| 9. AGE (last birthday) 56 years | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) set up man | | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY Lincoln Engineering | |
| 11. BIRTHPLACE (City and state or country) Amity, Arkansas | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME Pierce Bardwell | | 13b. MOTHER'S MAIDEN NAME Mattie Willis | |
| 14. NAME OF HUSBAND OR WIFE Eva Bardwell | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Eva Bardwell - 2833 Glendale | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Astrocytoma of brain DUE TO (b) 1930 DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 3 weeks | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 1962 to 1963 and last saw him alive on 11/22/63 Death occurred at 5:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) H. O. Mauer M.D. | | 22b. ADDRESS 231 Northland med Bldg | |
| 22c. DATE SIGNED 11/23/63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE Nov. 24, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Jones Cemetery | 23d. LOCATION (City, town, or county) (State) Amity, Arkansas |
| 24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave | | 25. DATE RECD. BY LOCAL REG. NOV 23 1963 | |
| 26. REGISTRAR'S SIGNATURE Road Smith. M.D. | | | |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Walter J. Berchelt

Licensed Embalmer No. 4551

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

and the Arkansas

James (Embalmer)

107. 27. 1903

Revoked

BURIALS IN THE CITY OF ST. LOUIS, MO. - 1903